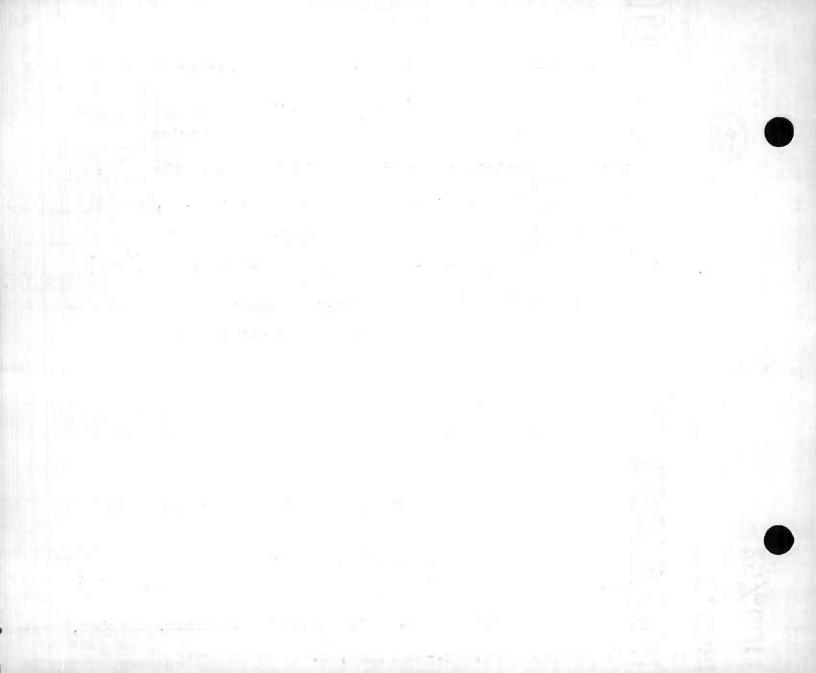
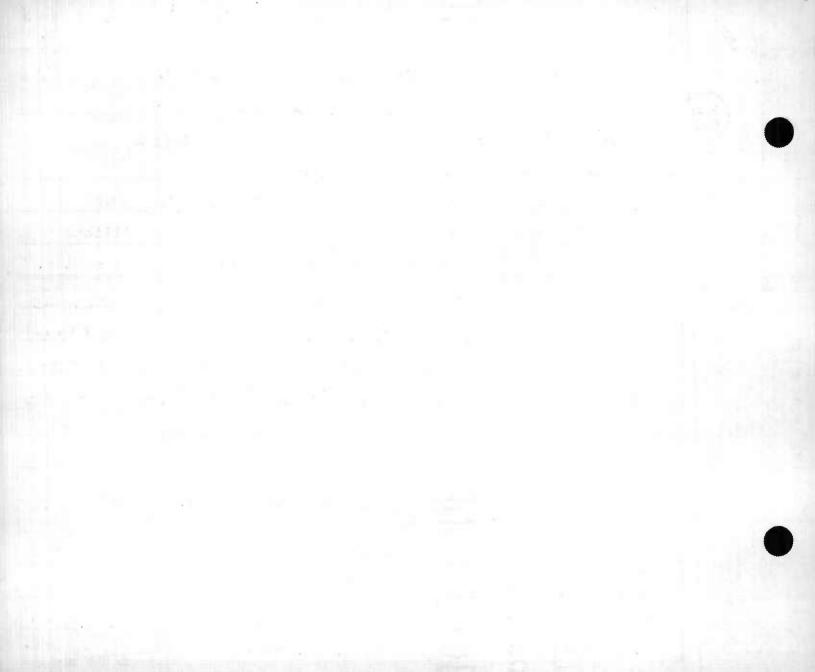
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ı	FOR - STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	REG. NO.				
1. 6	PECEASED NAME	FIRST MIDDLE		AST	20. DATE OF DEATH MO		26. HOUR			
V	Po	orfiria Berna	adette Br	uce	December	15, 1981	1:58			
3.5	Female	1 RACE Colored	5. DATE O	ember 15,19		MONTHS DAYS	IF UNDER 24 HI HOURS AR			
	BIRTHPLACE (STATE OR FOR COUNTRY)  Trinidad	Venezue:	MARRIED	D NEVER MARRIED DO DIVORCED	9 BALTIMORE CITY OR Charl	COUNTY OF DEATH				
10.	CITY OR TOWN OF DEAT LaPlata			or OTHER INSTITUTION	12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OF W HOUSE WI	ORKING LIFE) INDUSTRY	of Business of Home			
130	ual RESIDENCE IF NURSIN STATE Maryland	IG HOME OR OTHER INSTITUTION, GIVE RES 136. COUNTY 13c CI Charles La	idence before admissioni TY OR TOWN Plata	131 INSIDE CITY LIMITS?	13. STREET ADDRESS Star Rt.	5.Box 421				
14	FATHER'S NAME Nassario	Maloney	LAST	15 MOTHER'S MAIDEN NAM FIRST Amelia	MIDDLE	ielve				
160	WAS DECEASED EVER IT (YES, NO OR UNKNOWN) NO	HE VES CIVE WAR OR DATES	OCIAL SECURITY NO 7-92-9004	17 INFORMANT Wendy Bruc	ADDRESS	Star Rt.				
NO		which (b)	CONSEQUENCE OF	Serotic He	ert Bisea.  NAL DISEASE OR CONDIT	TION GIVEN IN PART 16	01			
CERTIFICATION	19a DATE OF OPERATI	ON 196 CONDITION F	OR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	ROB. IF YES, WERE FIND IT IN CERTIFYING CAUSES YES []	NGS USED OF DEATH?			
	OR CONTRIBUTION C	AUSE OF DEATH HOUR A.M. M		21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY I	N ITEM 18, PART 1 OR PART 2]				
MEDICAL	214 INJURY OCCURRE	LE [ (AT HOME, STREET, FACT	JRY TORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE			
	saw the deceased	this hospital) attended the deceded alive on November of the body after de	1 19 81 on	od that in (my) (aur) apinion a	eath occurred on the date		that (1) (we) lo couses stated			
				DEGREE		22c. DATE	SIGNED			
	226. SIGNATURE	coffees	M	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	NO 12.	/15/83			
		OF GLOB ME (TYPE OF PRINT) G. O. CROSLEY	M.S	ATTENDING PHYSICIAN E	medical staff director physicia	Yrut Bal	15/8.			
234	226. SIGNATURE  226. PHYSICIAN'S NAI  BURIAL CREMATION R	d. O-CROSLEY	M & M	PHYSICIAN 22R ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIA  THE PHYSICI	Yreet, Ball	to lld			
	226 SIGNATURE  226 PHYSICIAN'S NAI  REGISTRATION, R (SPECEY)  BURIAL	d. O-CROSLEY		PHYSICIAN 2  120 ADDRESS  1235 E.M  EMETERY OR CREMATORY  est Cemetery	Trument 8	trut Ball	to Ud.			
24.	226. SIGNATURE  22d. PHYSICIAN'S NAI  BURIAL, CREMATION, R (SPECEY)  BURIAL  FUNCTION  BURIAL  BURIAL	EMOVAL 236. DATE	1 Mt. Re	PHYSICIAN 2  220 ADDRESS  235 EM  EMETERY OR CREMATORY  est Cemeter  250 DATE	DIRECTOR   PHYSICIA  DILLIMENT S  23d. LOCATION CITY OR TOWN	trut Ball	to Ald			





(VRA 15, 4)

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H	FOR STATE			DEPARTA	NENT OF HI	OF MARYLAND ALTH AND MENT CATE OF DEAT		NE 8 1	3	2	9 8
100	REGISTRA  1. DECEASED NA (TYPE OR PRINT)	- The Control of the		MIDDLE CA		, Sr.		REC 0. DATE OF DEAT	12 15	NAY YEAR 81	25 HOUR 1:46P.
(M)	3. SEX		4 RACE		5. DATE O		rear 6	AGE (IN YEARS LAS		IE UNDER I YEAR	IF UNDER 24 HRS
dir di	Male 70. BIRTHPLACE	ACTATE OR FOREIGN	Cauca	sian WHAT COUNTRY?	Dec.	23, 19	20	60 BALTIMORE CIT	YRS.	OF DEATH	
n 72 n 72	Mary18	and	U.S		MARRIED	NEVER MARRI		CHARLES		OI DEAIII	MD.
ofter d	10 CITY OR TOW		(IF NOT IN SUC	HOSPITAL, NURSIN THEACILITY, GIVE STREET	ADDRESS)			TO USUAL OCCUP	OST OF WORKING LIFE	E) INDUSTRY	F BUSINESS OR
be fin	USUAL RESIDENCE 130. STATE	E (IF NURSING HOME OF	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	HOSPTTAL 13d. INSIDE CITY LIV		Deputy			
ly filled should I	Marylai	nd Char	-	La Pla		YES NO		Rt. #4	Box 42	40 K1	ine Dri
completely filled in b. s. 1 and 2 should be filled of exeminer must be filled.	Frank	, ic	Mood	Cante	,	FIRST	ueri	WIDDI		urch	1
rificate be execut physician and co spapers. Pages 1 mavol.				706-07-	RITY NO.	17. INFORMANT			DRESS	4-12	#13
NG PHYSICIAN. The low requires that the death certificate be executed the certificate by the ottending physicion. The this been signed by the ottending physicion and consider this certificate has been signed by the ottending physicion and considerations the permit. Then please remave carbonapopers. Pages I the hand Mantal Hygiene prior to burial, cremation, or remavol. arked or them 18 shows any injury, or other troumatic event, the medical	gave rise cause (a underlying	to immediate l, stating the cause lost.	(b) DUE TO, O	R AS A CONSEQUE  R AS A CONSEQUE  DITRIBUTING TO C	NCE OF	OT RELATED TO THE	HE TERMIN	AL DISEASE OR C	ONDITION GIVI	EN IN PART 10	ייס
he low re ion. hos been if permit. I tene prior	19a. DATE C	F OPERATION	. 196 COND	ITION FOR WHICH	OPERATION	I WAS PERFORMED		20a AUTOPSY?	IN CERTIF	, WERE FINDIN	
SICIAN: TI ng physicio certificate uriol-tronsi tem 18 sho	On Co. Gains	IT WAS UNDERLYING TING CAUSE OF DE	ALIII	M. MONTH DA	Y YEAR	21c. HOW INJURY	OCCURRE	O (ENTER NATURE OF	INJURY IN ITEM TS PA	ART T OR PART 2}	
DING PHYSIC or offer this cer e as the burio oith and Ment marked or the	WHILE AT WORK	OCCURRED  NOT WHILE  AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	21f. LOCATION STREET		CITY C	DR TOWN	COUNTY	STATE
ATTENDI ospital or ECTOR: A cd for use it. of Heal m 21 is m	sow th	y that (1) (this hasp e deceased alive on (1) (we) (did) (did no	17	19		19, 19 I that in (my) (our)	opinion de	, to oth occurred on th	e date and hour	1	
# # # # # E		11	ane	M		ATTEN PHYSI		MEDICAL S	STAFF YSICIAN []	12/	15/8/
TO HOSPITAL retoined by the TO FUNERAL should be det with the Stote IMPORTANT:		OY BANER				27e. ADDRESS  CHARLES	PROFF	ESSTONAL	BUILDIN	G WALDO	ORF. MD
	230 BURIAL, CREA	NATION, REMOVAL	73b. DATE	23c. N		METERY OR CREM	ATORY	23d. LOCATION	N	COUNTY	STATE
BP DHMH-16 30M 2/80 (VRA 15, 4)	Buri: 24 FUNERAL DIR NAME Huntt			-1981011				em. Hugh EC2119			rles Md

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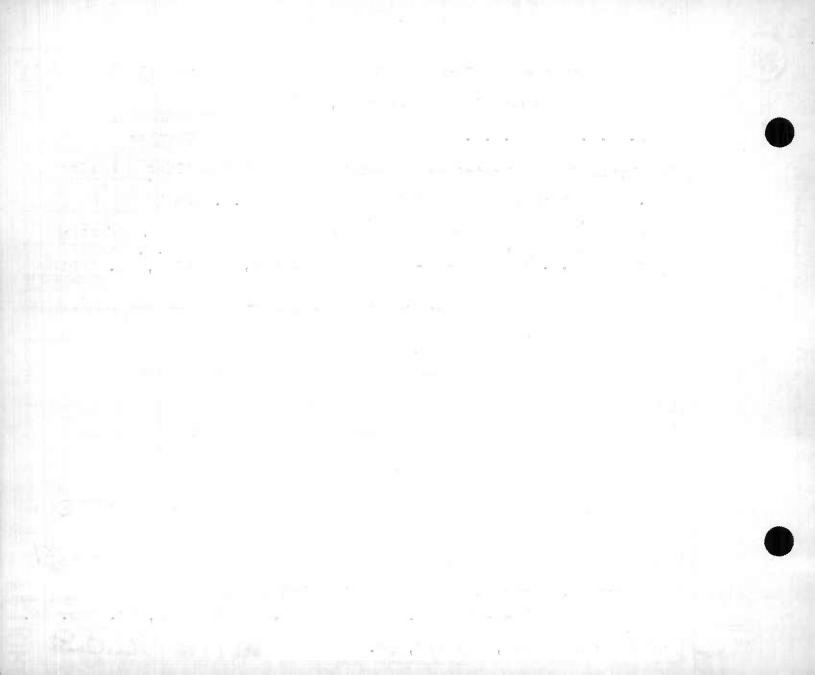
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2	3	1.	FOR - STATE REGISTRAR		DEPARTA	MENT OF I	E OF MARYLAND BEALTH AND MENTAL HYC BCATE OF DEATH		3	2 3 0	0
	_	I. DE	CEASED NAME FIRST		MIDDLE		AST	REG. No.		AY YEAR 7h	HOUR
1	6	(TYP	OR PRINT)	ella		Dr	ake				7 07 -
	O NO	3, SE		4. RACE		5. DATE O		Decembe: 6. AGE (IN YEARS LAST BIRT		1981	UNDER 24 HRS
			Female	Black		Jan	H DAY YEAR	56	M		DURS MIN
	to die		IRTHPLACE ISTATE OR FOREIGN	7b. CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY O	YRS.	OF DEATH	
	1 33	7	Jirginia	USA		MARRIE	D NEVER MARRIED DIVORCED	Charles			MD
	24 2		ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATI		126. KIND OF BU	
-	THE TOW		LaPlata	Physi	cians M	emor.	ial	Omestic	F WORKING LIFE)	Priva	te
212	d be d in	USU 13a.:	AL RESIDENCE (IF NURSING HOME C	ROTHER INSTITUTION	, GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS		1	-
ON S	filled hould b	Ma	aryland P.	.G.	Accoke		YES NO X		ingst	on Road	
MARYL	completely filled and 2 should be examiner must		ATHER'S NAME Elijah	MIDDLE	Sorrel	1	15. MOTHER'S MAIDEN NA FIRST Alice	ME MIDDLE		Raymon	
IMORE,	n and medica		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GM ——	RMED FORCES? VE WAR OR DATES)	577-56		Alice J.	Gray Star	Rt.	2 Box23	
05, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201	equires from the death certificate by signed by the attending physician. Then please temove carbonpapers, to burial, cremation, or remaval. injury, or other traumatic event, the	z	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT	DUE TO, O  (b)  DUE TO, O  (c)	R AS A CONSEQUE	NCE OF	CANCA SE	AINAL DISEASE OR CONI	DITION GIVE		mos.
DIVISION OF VITAL RECORDS,	now red	CERTIFICATION	190. DATE OF OPERATION			OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDINGS ING CAUSES OF	USED DEATH?
N OF VII	phys iffice of Hy of Hy		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINES	ATH HOUR A.	M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18, PAR	IT 1 OR PART 2)	11 - 20 4
NOISINI	he he he	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STO	OF INJURY REET, FACTORY, OFFICE, F		211. LOCATION STREET	CITY OR TOV	VN .	COUNTY	STATE
NIQ ON	ETOR: for us of He		27a. ( certify that (1) (this hasp saw the deceased alive ar above, (1) (we) (did) (did no	1	2-16 10	813	nd that in (my) (aur) opinian	todeath accurred on the do		9, that and from the caus	(I) (we) last
	y the hos  RAL DIREC detoched ote Dept.  VI. If Item		22b. SIGNATURE ai- 2	gene	5.0		DEGREE ATTENDING PHYSICIAN	MEDICAL STAR	F IAN []	22c. DATE SIGN	9-81
	retained by the TO FUNERAL D should be determined with the State D IMPORTANT: If		22d PHYSICIAN'S NAME (TYPE OF	and h.D			6525 Belowest	- Rd #460	Hyatti	ville, Md	20782
-	= P v v Z	23a. E	SURIAL, CREMATION, REMOVAL			AME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	C	OUNTY	STATE
1302			Burial	12-22		etrop	olitan U. N	Pomonke	v Cha	rles M	d.
	1-16 60M 1/73 R A 15 (4))	24. F1	NAME Thornton	Funera	l Home I	Pomor	nkey, Md DET	1 Pomonke RECD, BY REGISTRAN 24 1981	gb. REGISTO	R'S SIGNATURE	then

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	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	REG. NO.	2301
	ECEASED NAME FIRST PE OR PRINT)  Mart	ha Elizabeth	Hepner	December 11,	1981 2:05 A
3 5	Female	Cau.	5. DATE OF BIRTH  DAY  VEAR  July  5. 1900	6. AGE (IN YEARS LAST BIRTHDAY)  81  YRS.	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN
75 P	country) ennsvlvania	L.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	P BALTIMORE CITY OR COUNTY Charles	Y OF DEATH MD.
02 L	a Plata	Physicians We	ADDRESSI TALL HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LII HOUSEWIFE	12b. KIND OF BUSINESS OR INDUSTRY  Homemaker
130 I4 F	JAL RESIDENCE (16 NURSING HOME OR: STATE 13b COUN Char after's NAME First A	TY 13c CITY OR TOW	13d INSIDE CITY LIMITS?  Head YES NO   15. MOTHER'S MAIDEN NA  FIRST	136 STREET ADDRESS 10 Elder Place ME MIDDLE Jane	McBeth
9 1 16a	WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECU		ADDRESS Rt.	3, Box 33
injory, at other it domains ever	Conditions, if any, which gove rise to immediate cause oi, stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CO.	DUE TO, OR AS A CONSEQUE  (b) CONSEQUE  (c) CONSEQUE	ence of Liver		/EN IN PART 1(a)
CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 21f. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18, F	COUNTY STATE
	WHIE AT WORK AT WORK  220. I certify that (I) (this haspite saw the deceased alive an abave, (I) (wattend) (did not 22b. SIGNATURE	19-10-10	2 -2-19 8 and that in (my) (our) opinion DEGREE	death occurred on the date and hou	19
230	BURIAL, CREMATION, REMOVAL	ar Rath, M.D.	22e ADERESS rles	Professional	
24 F	UNERAL DIRECTOR  NAME  Untt Funeral	12-14-81 Tr	inity Memorial	CITY OR TOWN	

A SOUR Life all recessed from all draderiffs address The Line and the land of the color of the co A rompylys nie \_\_ U.B.M. × \_\_ Elmylys na Lational Lational amplained by Braincard Market Basels while is a street actoring painted to Thereby (C.) To 27 -2 -238 grant L. Lohn's L. Harring, No. 11 Const 18-11-11-11-81 Dr. C. elletter math, b.s. . Fortal (12-11-11 Telm) by Transpired Carrier, Grant, Gra Mark't funeral Hope, sulcorf, meruland Makel Afric Press



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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR

REG. NO.

MIDDLE LAST 20 DATE OF DEATH MONTH 2h HOUR DECEASED NAME FIRST TYPE OR PRINTS T.illian 12-13-1981 11:35pm Latimer 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) SEX MONTH ONTHS DAYS White Female March 15,1885 96 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Pa. U.S.A. DIVORCED WIDOWED Charles County, 12a USUAL OCCUPATION 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION B"CITY OR LOWN OF DEATH 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY La Plata Physicians Memorial Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Md. St. Mary's Hollywood Rt.3. Box 619 IS MOTHER'S MAIDEN NAME 4 FATHER'S NAME Stephen Arnold Douglas Morrison Margaret Elizabeth Buzzard 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 531-09-4165D Helen J. Russo asl3e. Same 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 206. IF YES, WERE FINDINGS USED 20g AUTOPSY? 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES T NO I 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21f. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE AT WORK NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from\_ and that in (my) (our) apinion death accurred on the date and have and from the couses stated saw the deceased alive on. above, (1) (we) (did) (did not) view the body ofter death 22c DATE SIGNED 22b. SIGNATURE DEGREÉ MEDICAL ATTENDING DIRECTOR PHYSICIAN PHYSICIAN M 22e. ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) Waldorf, Md. 20601 Nagula, Seetaramayya, M.D. 23c NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, REMOVAL 23b, DATE

DIRECTOR:

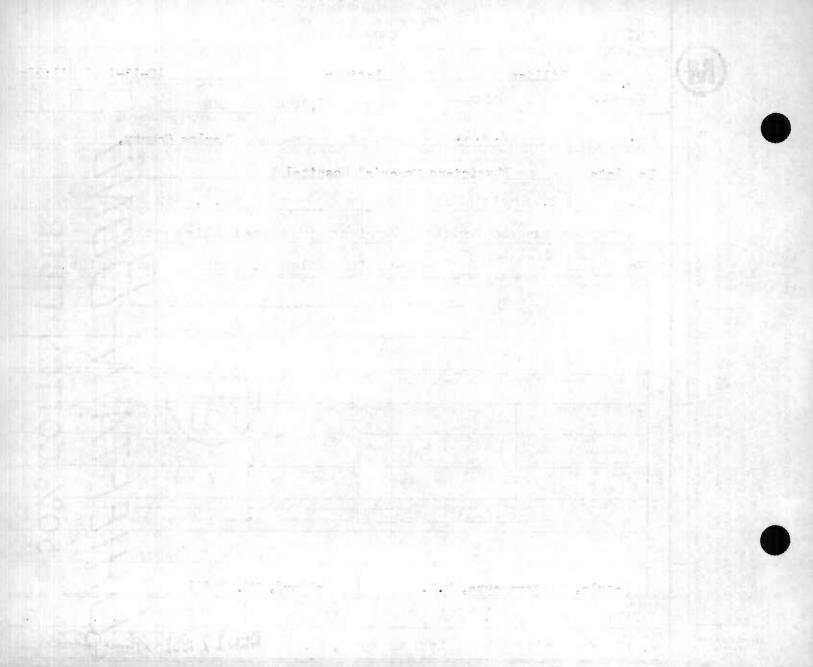
DHMH-16 30M 2/80 (VRA 15, 4)

24. FUNERAL DIRECTOR W. Clarke Mattingley Lechardtown, Md.

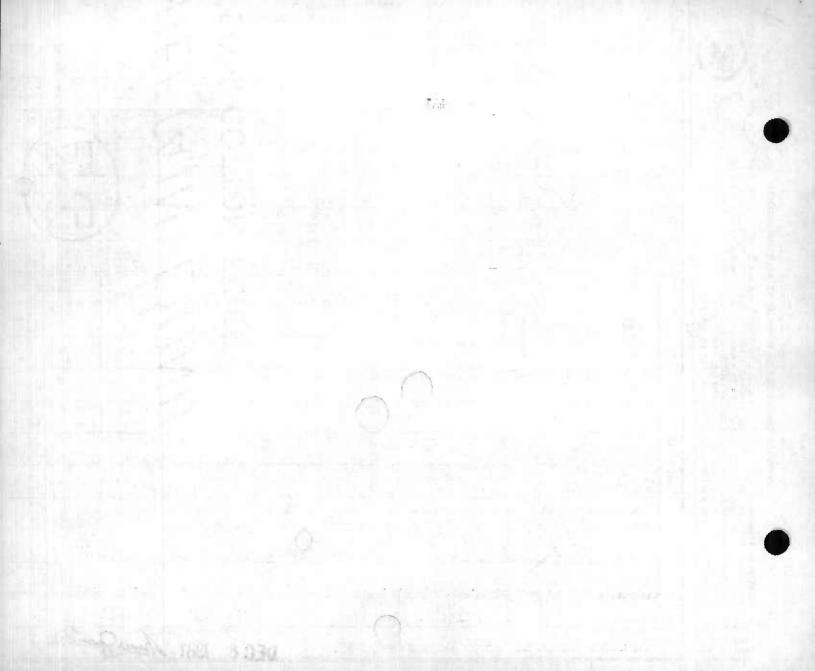
Cremation

Cedar Hill Crematory "Su"tland P.G"

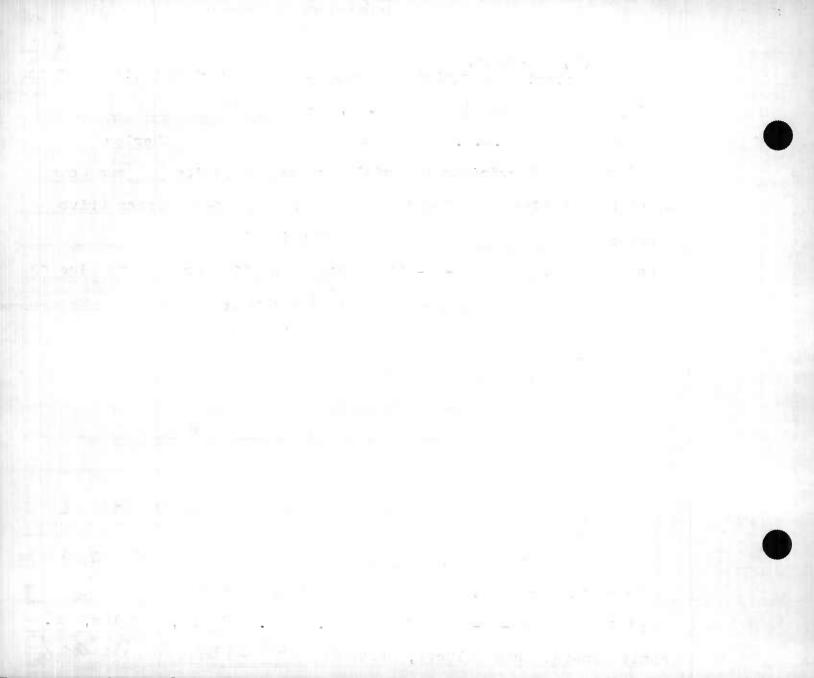
Md.



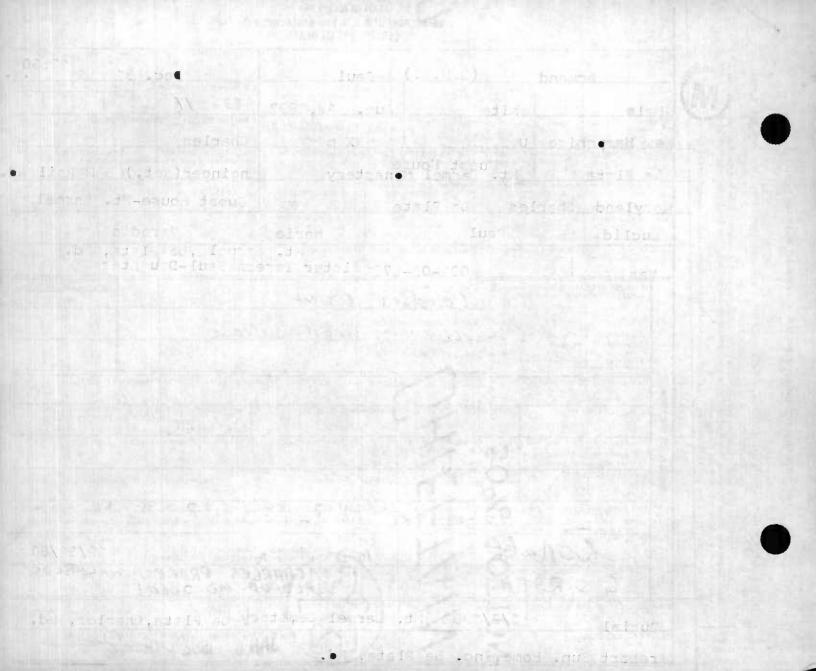
3		FOR STATE		DEPARTMENT OF HEALTH			3 2 3 0 4
(		REGISTRAR	ME	DICAL EXAMINER'S		KEO. INC	
(10,41)		CEASED NAME FIRST		MIDDLE	LAST	20 DATE KNOWN [X	
2000		Barba	ira	Anita Lee		DEATH MATED	12 5 1981 M
CESSARY, HE VERAL DIRECT COR YOUR FI VITHIN 72 HO PRESTON SIR	3. SE)	female black	S. DATE OF BIRTH MONTH DAY May 25	VEAR (A AGE (IN YEARS IF UP LAST BIRTHDAY) MONT 1,19.60 21 YRS.		PRONOUNCED DEAD	12 5 81 10:26
ESS. FESS. ALLEN Y REST. ALLEN	To B	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF W	HAT COUNTRY? 8. MARR	IED NEVER MARRIED	- البها	OR COUNTY OF DEATH A
IS NECESSARY, E FUNERAL DIR E 5 FOR YOU ED, WITHIN 72	Ма	ryland TYOR TOWN OF DEATH	USA	WIDOV		🗀 Charles	
DELAY IS I TO THE F N PAGE:			(IF NOT IN SUCH FA	SPITAL, NURSING HOME, OR OTH CILITY, GIVE STREET ADDRESS) n's Memorial Hos		USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE) OMPUTOR	E OF WORK 12b KIND OF BUSINESS OR INDUSTRY Private
ANNY ANNY ANNY ANNY ANNY ANNY ANNO 3	13a S M	a Plata RESIDENCE (IF IN NURSING HOME TATE aryland Char		VERESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Indian Head		street address 07 Thompson	n Lane
RE, MD.		THER'S NAME Donald	MIDDLE	Lee LAST	15. MOTHER'S MAIDEN N Barbara	IAME MIDDLE	Gray
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND PAGE 4 SHOULD BE FORWARDED TO THE CHIEF AKDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN THE STATE DEPARTMENT OF HEALTH AND MENTAL. TRANSIT PERMIT. PAGES 3 SHOULD BE SHOULD BE OSED BAS A BUSINGLA. TRANSIT PERMIT. PAGES 3 SHOULD BE SHOULD BE OSED BAS A BUSINGLA. TRANSIT PERMIT. PAGES 1 SHOULD BE SHOULD BE OSED BAS A BUSINGLA. TRANSIT PERMIT. PAGES 1 SHOULD BE OSED BAS THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH PENDINGLAND. 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	16a. V (Y	VAS DECEASED EVER IN U.S. A ES, NO, OR UNKNOWN) (IF YES, GIV	RMED FORCES? E WAR OR DATES)	166. SOCIAL SECURITY NO. Unknown	Donald Le	e 107 Thomp	eson Lane
CURS CURS WIT PI		18. CAUSE OF DEATH (Enter of	inly ane cause per line				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N SI HO		PART I DEATH WAS CAUS	ED BY: ATE CAUSE (a)	<u>Cranio-cerebral</u>	injury		
STO N 24 N 24 N 24 N 24 N 24 N 24 N 24 N 24		8/2/		AS A CONSEQUENCE OF			
REA ANS	1	Canditians, if any, whice					
201 W. UTED W. IN PEN. EXAMILE ETAL - TR. ON, OR.		cause (a) stating the <u>unde</u> lying cause last.	DUE TO, OR	AS A CONSEQUENCE OF			
CARDS, EEECU IDING" IDING" IDING" IDING" IDING" IDING" IDING"	Z	PART 2 OTHER SIGNIFICANT CONDITION		BUT NOT RELATED TO THE TERMINAL DISEAS	SE OR CONDITION GIVEN IN PART 1 (	0).	
TAL REC HOULD E RD "PEN HIEF ME USED A! OF HEAL	MEDICAL CERTIFICATION	190. DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPERATION W	VAS PERFORMED?	133	ZD AUTOPSY? (HO)
W S S S S S S S S S S S S S S S S S S S	ER	21g. EXTERNAL CAUSE WAS	21b. TIME O	FINJURY APPROXAR 216 H	OW INJURY OCCURRED (E	INTER NATURE OF INJURY IN ITEM 18	
ONO GITHE TO THE HOULD ARTMI	CALC	UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH Q. 17A	M 12/5 19 81 P	assenger in a	auto/pick up	truck collision
DIVIS S CER RITIN RDED GE 3 S CE 3 S SO1 PR	MED	21d. INJURY OCCURRED WHILE DOT WHILE AT WORK		TORY, FARM, ETC.)	STREET 224. Rison	Charles	COUNTY STATE
IR: TH ATE, W DRWA IR: PA( ID, 21)		22a I certify that I taak cha			Head. On [		nd in my apinian
BE ECTO		death resulted fram:	y al fouses .	Accident XX Suicide	3 ^^	Indetermined manner .	
CAL EX.		ACTUAL SIGNATURE	Jus	ais .	A. Assistant	MEDICAL EXAMINER	DATE SIGNED 12/6/81
O MEDIO KECUTE AGE 4 S D FUNE FTER DE		EXAMINER'S NAME (TYPE OR PRINT)		Guard, M.D.		Street,Balto	o.MD 21201
Bb Bugaa√a	I	urial, cremation, removal Specify) Burial	Dec. 9,	31 St. Charle	S 23	1	Charles Mat.
DHMH - 17 (VR A15 ME (5))		uneral director Thornton Fund	eral Home	e Pomonkey, M		1/1	STRAR'S SICNATURE
15M 2/80							



>						OF MARYLAND		O i	16-1	2 0 7	z n E
2	1 -	FOR STATE REGISTRAR	2			EALTH AND MENTA CATE OF DEATH		REG. NO		) 2 0	) 0 3
	1. DEC	CEASED NAME A/KINA	Cather	MIDDLE	t.	AST	Že	DATE OF DEATH	MONTH [	DAY YEAR	7h. HOUR
l director, page 3 hours offer death ce.		Kathe	rine V	eronica	M	eissner		December	r 19	,1981	7;23m
0	3. SEX		4 RACE		S. DATE C		-	AGE (IN YEARS LAST BIRTI		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN
	Fe	male	Cauca	sian	Oct.		2	79	YRS.	NOIVING DATS	THOUSE MAY
Poe.	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	□ NEVER MARRIE	FD   9.1	BALTIMORE CITY O	R COUNTY	OF DEATH	
within 72 h	NE	w York	U.S		WIDOWE	DIVORCE	ED 🗆		Char	cles	MD.
filed with		YORTOWN OF DEATH	{IF NOT IN SUC	H FACILITY, GIVE STREET	(DDRESS)	ROTHER INSTITUTIO al Hospi	(T	USUAL OCCUPATE  YPE OF WORK FOR MOST OF	WORKING LIF		F BUSINESS OR
be f	USUA	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION		AOMISSION)	13d. INSIDE CITY LIM		STREET ADDRESS			
bluo		ryland Char		Walder		YES NO D	X E	30x 129	erra	ce Dri	ive
S e		THER'S NAME				15 MOTHER'S MAID					
exow and		Edward	MIDDLE	amm		Unava	ailat	ole MIDDLE		ŁAS1	r
		AS DECEASED EVER IN U.S. AF		166 SOCIAL SECU	RITY NO	17 INFORMANT		ADDRE	SS		
Poges	(1	no N		020-20-	5476	Norma Je	ean N	deissner	Same	as Li	ine 13
- <del>2</del>		18. CAUSE OF DEATH (Enter of	nly one couse per	•		1	1				MATE INTERVAL DISET AND DEATH
onpopers emovol. event, the		PART I. DEATH WAS CAUSI	D BY. TE CAUSE (0)	Congret	ive.	Heart 1	Fail	LIA			
		4149		R AS A CONSEQUE	NCE OF	1	^				
nave carb lation, ar r fraumotic		Conditions, if ony, which	(b)	Corma	5	intern 1	hen	-			
ematian, er fraum		gave rise to immediate cause (a), stating the	DUE TO O	R AS A CONSEQUE	NCL OF	J					
9 5 £		underlying cause last.	DOE 10, 0	R AS A CONSEQUE	NCE OF						
Then pleas to burial, injury, ar a	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO TH	HE TERMINA	AL DISEASE OR CONE	DITION GIV	EN IN PART 1(o	31
any in	CERTIFICATION	19a DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		20s AUTOPSY?	20b. IF YES	, WERE FINDIN	IGS USED
2 × ×	TEK						- 1	YES NO NO		YING CAUSES	OF DEATH?
Mental Hygie	CER	210 ACCIDENT WAS UNDERLYING				21c HOW INJURY C	OCCURRED	(ENTER NATURE OF INJUR			
lote 4		OR CONTRIBUTING CAUSE OF DE	ALIN .	70	Y YEAR						
and Mental Hy ced ar Item 18	MEDICAL	21d INJURY OCCURRED	21s. PLACE	OF INJURY		211 LOCATION				COUNTY	
morked	₹	WHILE NOT WHILE AT WORK	AT HOME, STE	REET, FACTORY, OFFICE, F.	ARM, ETC.)	ZIMEEL		CITY OR TOW	/N	COUNTY	STATE
use as me Health and is marked a		220 I certify that (1) this hasp	ital) attended th	e deceased from_	17	-19- 19	81	. 10	-19	1981	that (I) (we) last
of He		saw the deceased alive or above, (1) we) initial (did no			, or	d that in (my) (our) o	opinion deo	th occurred on the do	ite and hou	r and from the	couses stated
		22b. SIGNATURE	i view the body	after death.		DEGREE				22c. DATE	SIGNED
should be detached with the State Dept.		7	Ly J	Buch	1 M	ATTEND PHYSIC	DING /	MEDICAL STAF	F IAN 🗓	12-	-19-81
old be det		22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)			27e ADDRESS					
with the State		Henry L. B	irke M	1.D				Md 20646			
^ > ≥	23a B	URIAL, CREMATION, REMOVAL	236. DATE			METERY OR CREMA		23d. LOCATION CITY OR TOWN		COUNTY	M d'a
	Ε	urial	12-22	-81 Tr	init	y Mem. G	dns.	I I m I m m m T	, Ch	arles,	Ma.
H-16 20M	24. FL	INERAL DIRECTOR		ADDRESS			250. DATE PE	C'D. BY REGISTRAR	25b. REGIST	RAP'S SIGNATI	URE
5, 4) 7/78	H	untt Funeral	Home	Waldorf	, Ma:	ryland	DEC	44 1981	conce	6 Van	arther



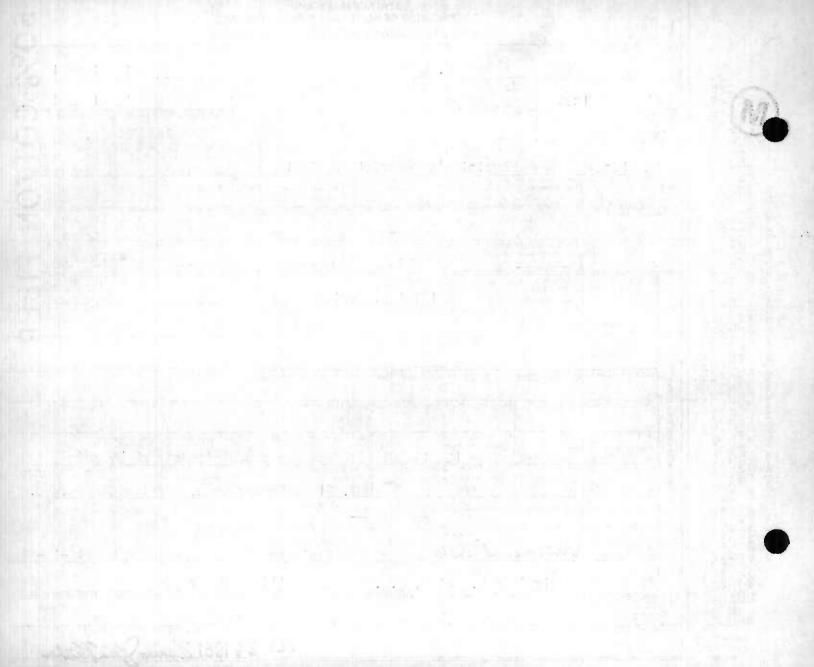
Arehart Fun. Home, Inc. La Plata, Md.



12 7	FOR FOR T- STATE REGISTRAR	0a-22a Fi.	T.	PEPARTMENT	OF HEALTI	MARYLAND H AND MENTAL CERTIFICATE		3 :	2 3 0 /
	1. DECEASED NA	ME FIRST		WIDDLE	THE CO	LAST		REG. NO.	DAY YEAR 12b, HOUR
. 94 ~ 650 =	(TYPE OR PRINT)	CURT	15		-	ETTIT	OF	ESTI- MATED 12	71 01
REE	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE	IN YEARS IF U		ER 24 HRS. 2c. DATE	HINOM	DAY YEAR 2d, HOUR
(A) 15	male	white	11 28	YEAR LAST OF	5 YRS.	THS DAYS HOURS	MIN. PRONOUNE	CED 12	31 19 81 6:23
	70. BIRTHPLACE	(STATE OR	76. CITIZEN OF WH			IED NEVER MA	PRIED X 9. BALTIMO	RE CITY OR COUN	TY OF DEATH
Z50 3		TON, D.C.	u.s.		WIDO	VED DIVO	RCED 🗆 Char	les Count	
TOELAY IS 3 TO THE IN PAGE ON BE FILED ON		Plata /	Physicia	PITAL, NURSING H CILITY, GIVE STREET ADDR NS MEMORI	al Hos		12a. USUAL OCCUP, FOR MOST OF WORK LINEMA	ATION (TYPE OF WORK ING LIFE)	OR INDUSTRY  CEP TELE. CO.
Z1201  Z1201  F ANY DE AND 3 T  RETAIN HOULD B	USUAL RESIDENCE ISON STATE	E (IF IN NURSING HOME O	ARY'S	MECHANI	CSVILL	134. INSIDE CITY LIMITS		X 325 A	-1
RE, MD. EETH. IF SES 1, 2, A PM 3. A ND 2 SF SEVITAL	14. FATHER'S NAM		MIDDLE	PÉTTI	Т	15. MOTHER'S MA		DDLE	HOWARD
BALTIMORE, MD. 21201 IRS AFTER DEATH. IF ANY D 3. GIVE PAGES 1, 2, AND 3. WITH FORM PM 3. RETAIN I. PAGES 1 AND 2 SHOULD DIVISION OF VITAL RECORE	160, WAS DECEAS	(IF YES, GIVE	AED FORCES? VAR OR DATES)	577-64-		PAULINE 1	PETTIT 4427	ADDRESS AP	T. 3 SUITLAND, MD
BIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. RDED TO THE CHIEF MEDICAL EXAMINER ALONG WARD TO THE CHIEF MEDICAL EXAMINER RANGING STORM TO THE MEDICAL EXAMINER TO BURIAL "TRANSIT PERMIT." TO PRIOR TO BURIAL, CREMATION, OR REMOVAL.	Canditi gave cause ( lying c	nans, if any, which rise to immediate a) stating the <u>under-</u> ause last.	(c)	Multiple AS A CONSEQUEN AS A CONSEQUEN	Injuri CE OF				BETWEEN ONSET AND DEATH
BE EXENDING		SIGNIFICANT CONDITIONS C				iovascula			
MTAL RI SHOULD SRD "PE CHIEF A E USED I OF HE	NO 19a DATE C	DF OPERATION	19b. CONDIT	ION FOR WHICH O	PERATION V	VAS PERFORMED?			20. AUTOPSY?
ON OF V		TING CAUSE OF D	EATH P.M.	MONTH/31/19	81 I	river in	auto/auto c		ART 2)
DIVIS  E: THIS CER  TE, WRITINE RWARDED  E: PAGE 3 Si STATE DEP  C), 21201 PR	ZId. INJURY WHILE AT WORK	OCCURRED  NOT WHILE  AT WORK	21e PLACE C STREET, FACTO	OF INJURY (AT HOM ORY, FARM, ETC.)		STREED 28 W O	f Rt. 301 ow	~ Charl	esy Mdd ate
MCAL EXAMINE FTHE CERTIFICA SHOULD BE FO FERTH, WITH THE ORE, MARYLANI	22a I cer death resu ACTUAL SIGNATURI EXAMINER (TYPE OR PI	S NAME A		Accident X,	Suicide L	, Hamicide TITLE (SPECIFY)	tian , Inquiry  Undetermined mar  Int MEDICAL EXAMI  1 Penn St.	5.475	FEMALE.
TO MEE TO MEE TO FULL A FIELD BALTIM	BURTAL		AN. 5, 19	82 RESURT	RECTIO	OR CREMATORY  CEMETERS	23d. LOCATION CITY OR TOWN CLINTON	PRINCE GE	UNIY STATE
DHMH - 17 (VR A15 ME (5)) 15M 2/80	FRANCIS	J. COLLIN	500 UNI IS SIL	VERSITY VER SPRI	BLVD. 1 NG,MD	WEST, 25a. DAT	TE REC'D. BY REGISTRAR	25h REGISTRAR'S	SIGNATURE

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	1	FOR			DEPART		ATE OF MA	RYLAND ND MENT	AI HYGIEN	i San	3	2 3 1	3 8
21	1 - 9	STATE REGISTRAR			MEDICAL								
~		EASED NAME	FIRST		MIDDLE	EXAMI	LAS	r r	L OI DEA	2a. DATE KN	REG. NO.	H DAY YEAR	26. HOUR
W = 4 Y = 7	(TYPE	OR PRINT)	John		S.		Pro	ctor		OF E	STI-		1000
NE N	3 SEX		4. RACE	5. DATE OF B	IRTH	6. AGE (IN	EARS IF UNDE		NDER 24 HRS.	2c. DATE	MONTH		12 HOUS
ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ	Ma	ale	Black	Dec.	27,23	57	DAY) MONTHS	DAYS HOU		PRONOUNCE DEAD	12	18 1981	2:10 a. M
The stand	7a. BIF	RTHPLACE (ST			OF WHAT COU		Te	□ NEVER M	400150-5	9 BALTIMOR	E CITY OR COU		1 a. m
CALCES OF		arvla:	nd	USA			WIDOWED		ORCED	Cha	rles Cou	inty.	AAD
2 E S E S E S E S E S E S E S E S E S E		Y OR TOWN		11. NAME OF	HOSPITAL, NU	JRSING HOA	AE, OR OTHER	INSTITUTION	12a US		ION (TYPE OF WORL		SUSINESS
MORE, MD. 21201 R DEATH. IF ANY DELAY IS AGES 1, 2, AND 31'O'THE TO SKM PM 3. RETAIN PAGE 5 I AND 2 SHOULD BE FILED IN OFWITAL RECORDS, 201	1	a Plat	a			s Memo		spital		Labore		Priva	
A PER DE		L RESIDENCE	(IF IN NURSING HOME O	OR OTHER INSTITUTE	ON, GIVE RESIDENC	E BEFORE ADMIS		d. INSIDE CITY LIM		REET ADDRESS		T T T V C	166
21201 RETAIN PECOLE		rylan		rles		dian				CELT ADDICESS			
MD. A. 3. 2. S.	14. FA	THER'S NAME		MIDDLE		LAST	15	. MOTHER'S N	MAIDEN NAME	MIDDL	LE .	LAST	
OO LEAT		Willia		R.		Proct	or	Mar	y	Omie	<b>)</b>	Outcor	1
TIMOR TER DE FORM FES I A ON OF	16a. W {YE	AS DECEASED	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)		CIAL SECUR		. INFORMANT		-	ADDRESS 801 Ca	rry D1	
TON ST., BALTIMORE, 24 HOURS AFTER DEA' 11EM 18. GIVE PAGES 11ONG WITH FORM PI 17 FREMIT. PAGES I AN 17 FERMIT. PAGES I AN 17 FERMIT. PAGES I AN 17 FERMIT. PAGES I AN 18 FERMIT	N	0			_ 21	3-22-	0424	Joseph	N. P	roctor	Upper	Mariobo	o, Md.
		18 CAUSE O	F DEATH (Enter an ATH WAS CAUSE	ly ane cause pe								APPROXIMA	SET AND DEATH
201 W. PRESTON ST., UTED WITHIN 24 HOUF IN PENCIL IN ITEM 18, EXAMINER ALONG W MAL TANNIT FRANIT. MANTAL HYGIENE, D ON, OR REMOVAL.	-	014		TE CAUSE (a)_			Injuri	es					
W. PRESTON WITHIN 24 FENCIL IN ITER WINER ALON L'IRANSII PER EL TRANSII PER EN TRANSII PER EN TRANSII PER EN TRANSII PER EN TRANSII PER	1	Candition	ns, if any, which		O, OR AS A CO	NSEQUENCE	OF						
201 W. PRESTOUTED WITHIN 2 IN PENCIL IN IEXAMINER AL ISAL TRANSIT ON, OR REMO	-	gave ris	se ta immediate	(b)_									
A CAMEN		lying cau	stating the <u>under</u> - se last.	DUETO	O, OR AS A CO	NSEQUENCE	OF						
XECUTED WG" IN PECAL EXAM BURIAL -1 AND MEN ANTION, CATERON CATERON CATION, CA		BADT 2 OTNER CL	CHISICANT COMOUNDING	(c)	05 1701 007 1100 051								
CERTIFICATE SHOULD BE EXECUTED TING THE WORD "PENDING" IN POSE TO THE WEBLOAL EXA SOFT SHOULD BE USED AS A BURIAL. DEPARTMENT OF HEALTH AND MEDICAL EXA SHOULD BE USED TO THE MEDICAL EXA SHORT TO BURIAL. CREMATION,	z	PARI Z UINER SII	GNIFICANT CONDITIONS	COMSKIBULING TO	DEATH BUT HOT REL	TALED IN THE LEI	MINAL DISEASE OF	CONDITION GIVEN	IN PART 1 (a),				
MED ASS	MEDICAL CERTIFICATION	19a. DATE OF	OPERATION	119b. CC	ONDITION FOR	WHICH OPE	RATION WAS	PERFORMED?	)			20 AUTOPS	Y?
SHOULD SHOULD OND "PE CHIEF A LE USED / URIAL, OURIAL,	E S											YES 🗆	
OF VITAL  ATE SHOOT  THE CHIE  JUD BE US  TO BURIA	1 1	21a EXTERNA	L CAUSE WAS		AÉ OF INJURY		21c. HOW	/ INJURY OCC	URRED (ENTER	NATURE OF INJURY	IN ITEM 18 PART 1 OR		140 🗆
CERTIFICATE TING THE WAS SENOUDED DEPARTMENT PRIOR TO THE DEPARTMENT PRIOR TO THE	N N	UNDERLYING CONTRIBUTION	KXXOR NG ☐ CAUSE OF I		P.M. 12	17 198		iect wa	s nedes	strian	struck b	v auto	
DIVISION S CERTIFIC RITING TH RDED TO E 3 SHOU E DEPARTI	ă l	21d. INJURY C	CCURRED	21e PL	ACE OF INJUR	Y (AT HOME.	21f. LOCA	TION	o podos			hit &	run.
A RELIED OF THE CONTROL OF THE CONTR	2	WHILE AT WORK	NOT WHILE X	X STREE	road	ETC.)	Rt.		Poplar	lane.	Charles	COUNTY	Md-
DIVIS  WER: THIS CER CATE, WRITINE FORWARDED FOR PACE 3.8 HE STATE DEP IND, 21201 PR		22n Loortid	ly that I taak charg	a of the remain		ave held an	Autapsy	(V)	ection .	Inquiry [	and in my		7.0
A STOTE A		death results		ral causes	. Accident		vicide .	Hamicide [		termined manni		apinian	
ERTINA ARY		geom reson	11.	.0, .000		7474	orcide,	TITLE (SPECIF		icininea maini	C1		
A DOUGH		ACTUAL SIGNATURE_	Ving	ma d	Dolo		M.D	Assist	21 1	ICAL EXAMINI	DAT ER SIGN		8-81
DEA SET	-		0	N 60 7									
A D P SEL		EXAMINER'S (TYPE OR PRI		rginia	L. Dola	an, M.	)AD	DRESS	III Per	nn Stre	et		
TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED AFTER DEATH, WITH THE STATE DEF BALTIMORE, MARYLAND, 21201 PF	23a.BL	IRIAL, CREMA	TION, REMOVAL 2	23b. DATE			EMETERY OR C		23d LC	OCATION OR TOWN	cc	DUNTY	STATE
BP	В	urial		Dec. 2	21, '81	St.	Charle	es	G	lymont	Cha	arles	Md.
DHMH - 17	24. FL	NERAL DIREC		neral	DORESS DOM	onkey	МА		ATE REC'D. B	Y REGISTRAR	256. REGISTRAR'S	SIGNATURE	
(VR A15 ME (5) )		Home'	nton Fu		I OIII	OTIVEA	, Ma.	U	EU 24	1981	cores	an lasta	4



n please remove carbonpopers. Pages 1 and 2 should be filed

event, the medical examiner

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled

should be detached far use as the burial-transit permit. Then please remove carbonpope with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic

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V	1	

STATE OF MARYLAND

- S'	TATE EGISTRAR		DEPART		ICATE OF DEATH	REG. I	NO.	of Gang	-42	
1. DECEA	ASED NAME FIRST		MIDDLE	ł.	AST	20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR
(TIPE OK	Este	11e		R	obinson		12	11	81	2:20 A
3. SEX	TO DV CONT	4. RACE		5 DATE C		6. AGE (IN YEARS LAST E	JIRTHDAY)		ER I YEAR	IF UNDER 24 HRS
Fem	ale	Negro		MONTH 4	$-6^{\text{AY}}-19^{\text{FAR}}$	68	YRS	MONTHS	DAYS	HOURS MIN.
	PLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY			EATH	
	bama	USA		WIDOWE		Ch	arle	S		MD
ID CITY	OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPA				F BUSINESS OR
· T	LaPlata				ial Hosp.	Housewi	_			vate
	RESIDENCE (IF NURSING HOME C	R OTHER INSTITUTION	. GIVE RESIDENCE BEFORE	ADMISSION)						7400
		les	Nan jemo		13d. INSIDE CITY LIMITS?	Nanjemoy		rvl	and	
14. FATH	ER'S NAME				15. MOTHER'S MAIDEN NA	ME				
	Unknown	WIDDIE	Glover		Unknown	MIDDLE			Hoc	
	DECEASED EVER IN U.S. A		166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADD	RESS			.90
(YES,	NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	unknowr		Phyllis Ro	binson N	anie	mov	, Ma	rvland
18	CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY:			0					MATE INTERVAL DISET AND DEATH
9	danditions, if ony, which gave rise to immediate	DUE TO, O	R S A CONSEQUE	ENCE OF	nyfoli	m).				~»·
	ause (a), stoting the inderlying couse lost.	DUE TO, 8	RAS A CONSEQUE	NCE OF	6) water	east fuil	me	),	2~	gord'
	ART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION (	SIYEN IN	PART 16	51
9	Sever 1.	Mer	nout	~ C	melioresin	la Duse	arl	/	411	Sycas
RTIFICATION	DATE OF OPERATION	J& COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	IN CER			OF DEATH?
A 510	B. ACCIDENT WAS UNDERLYING  R CONTRIBUTING CAUSE OF OIL  (IF EITHER NOTIFY MEDICAL EXAMIN	AIN		AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF IN.	JURY IN ITEM 1	8 PART 1 O	R PART 2)	
<u> </u>	d. INJURY OCCURRED  WHILE NOT WHILE NORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC }	211 LOCATION STREET	CITY OR I	OWN	CO	YTHUC	STATE
220	saw the deceased alive o	1 . 1 .		10/	nd that in (my) (our) opinion of	teath occurred on the	date and h	, 19		that (I) (we) los

226. SIGNATURE

236. DATE

22e ADDRESS Waldorf

DE GREE-

231. NAME OF CEMETERY OR CREMATORY

20601

22c. DATE SIGNED

BP

24 FUNERAL DIRECTOR

Burial

22 CPHYSICIAN'S NAME

23a. BURIAL, CREMATION, REMOVAL

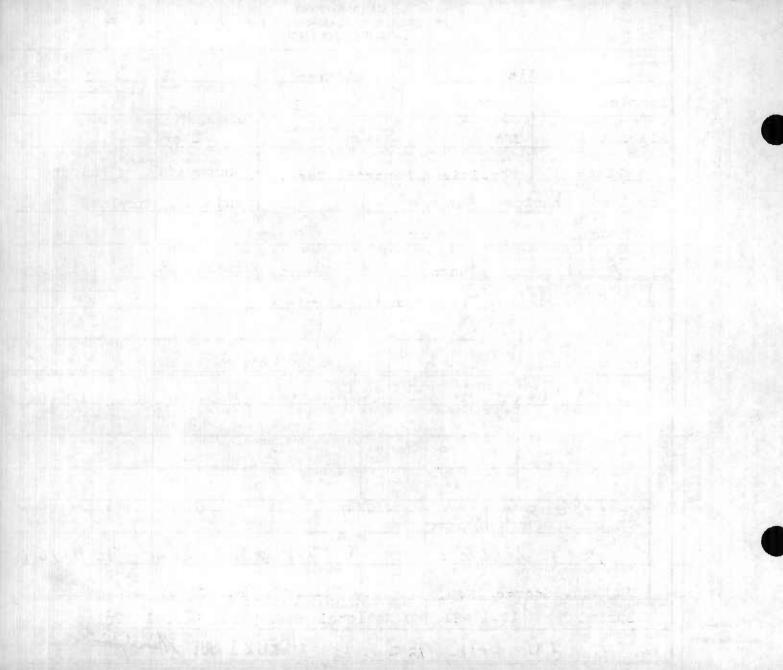
23d LOCATION ark Laurel National Mem.

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

STATED

DEC 2 1 1981 Bro 135 Domon

DHMH-16 30M 2/80 (VRA 15, 4)



22

FOR - STATE

(VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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TINDO SETTEM	refrown, add 1 Jan 1985	nige.
Maintenar Rech	AFOR CHUM YOULDS CHARARD IN MARKET	
£	x robles andand bund	WES.
and a second second	SHEET SHEET	
xx		

## STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REGISTRAR			CE1(111	ICAIL OF DEATH	REG. NO			
310		CEASED NAME FIRST	MI	IDDLE	l	AST		ONTH DAY	YEAR	26 HOUR A
	[TYPE	OR PRINT)	mond (N	V.M.N.)	C	ann	December 31	1001		1.45 M
1	3. SE2		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTH		INDER 1 YEAR	IF UNDER 24 HRS.
)	N	Male	America	an Indi	an N	•v. 14, 19•8	73	YRS.	THS DAYS	HOURS MIN.
34		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF W	HAT COUNTRY?	0	NEVER MARRIED	BALTIMORE CITY OR Charles	COUNTY OF	DEATH	
C fifted		ITY OR TOWN OF DEATH	(IF NOT IN SUCH	FACILITY, GIVE STREET A	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Farmer (R	N	126. KIND O	of BUSINESS OR
24		LaPlata AL RESIDENCE LIF NURSING HOME		ans Memor		Hospital				
BE	13a. S	STATE 136 CO		La Pla	N	13d. INSIDE CITY LIMITS? YES NO X	13. STREET ADDRESS Star Rt.			d Rd.
180		ather's NAME ames Walter	Swann	LAST		Mamie	MIDDLE	recte	r	1
medical		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES?  GIVE WAR OR DATES)	218-16	-335	17 INFORMANT Star 1 Erva Fran	Rt. #3,B€ ces Swann-	x 62 Wife		
or other traumatic eve		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.	(b) =7	AS A CONSEQUE	ijs	is wind cond	cordon	na	34	mas To
injury, o	NOI	PART 2. OTHER SIGNIFICAN	-2-	NIRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	TION GIVEN	IN PART 16	01
Luo smoo	CERTIFICATION	190 DATE OF OPERATION	19b. CONDIT	ION FOR WHICH	OPERATIO A	N WAS PERFORMED	200 AUTOPSY?  YES NO NO	206 IF YES, W IN CERTIFYIN YES	G CAUSES	
hem 18 s		210, ACCIDENT WAS UNDERLYING OR CONTRIDUINED CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMI	DEATH HOUR A.M	MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART	OR PART 2)	
morkedar	MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF	F INJURY EL FACTORY, OFFICE, FA	ARM, ETC )	211 LOCATION STREET	A CITY OR TOW	Ν	COUNTY	STATE
21 is		22a.1 certify that (1) (this has saw the deceased alive above, (1) (we) (aid) (did	n 12/3	19	8/ . 01	d that in (my) (aur) apinion	to 2/1	e and hour on		that (I) (we) lost causes stated
IT: If Hem		22h. SIGNA URE	Dute	lett		DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF		22c DATE 12/	SIGNED
PORTANT:		226. PHYSICIAN'S NAME (TYP	E OR PRINT)			22e ADDRESS				No.
N N N		Paul Pritch	ett, M.D.			LaPlata,	1d. 20646			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remove carbon parawith the State Dept. of Health and Mental Hygiene prior ta burial, cremation, or removal Paul Pritchett, M.D 230. BURIAL, CREMATION, REMOVAL Burial 23b. DATE

LaPlata, Md. 236 NAME OF CEMETERY OR CREMATORY

Ignatius

23d. LOCATION CITY OF TOWN

anel

COUNTY STATE

24 FUNERAL DIRECTOR
Arehart

Funeral Home, Inc.-La Plata, Md

1/4/82

25a DATE REC'D.

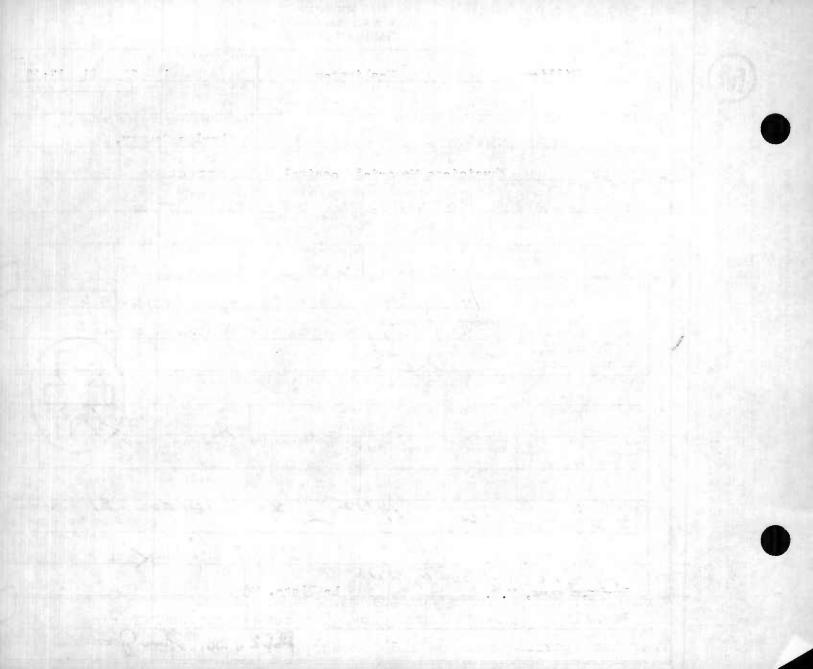
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DHMH-16 30M 2/80 (VRA 15, 4)

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BP DHMH-16 30M 2/80 (VRA 15, 4)

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	REGISTRAR					REG. N				
	CEASED NAME FIRST OR PRINT)	٨	AIDDLE	ı	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
	Willia	m		Wash	ington	12 20 81 12:43				
3. SE		4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24				
7	Male	Negro		MONTH 2	- 8- 1924	57 YRS.				
	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?		8		8 BALTIMORE CITY OR COUNTY OF DEATH				
	Maryland	U.S.A.		WIDOWE	D NEVER MARRIED DIVORCED	Charles County,				
IO. CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL, NURSIN				12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				
т –	D1-+-	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)			4 77 4. 4					
	Plata AL RESIDENCE (JE NURSING HOME OR	OTHER INSTITUTION	ICIANS ME	MOT1a	1 Hospital	Construct	cion I	Priv	ate	
	TATE 136 COUN	VTY	13c. CITY OR TOWN	N	136 INSIDE CITY LIMITS?	13e, STREET ADDRESS				
		rles   Indian		Hd.	YES NO	Rt. 2, Box 12				
4 FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WE		ŁAS1		
	Joseph	Wa	ashingto		Lessie			Cra	q	
	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUR	RITY NO.	17. INFORMANT	ADDRE	SS			
(1	No	E WAR OR DATES	Unknown	1	Nellie Was	shington	Indian	Hea	d. MI	
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) Robert Williams Lee 31,1981 December 4. RACE 3. SEX 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 1-19-1942 YEAR White Male BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Marvland U.S.A. DIVORCED [ Charles WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY LaPlata Physicians Memorial Hospital Boat Remairman MarineSales USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Box 83-B Newburg NO X Rt.#1 Maryland Charles 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Margaret Madeline Oliver James Ralph Williams IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO 17. INFORMANT Vietnam 17-42-311 Bessie L. Williams Yes same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per / ge for (a), (b) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE Conditions, if any, which gave rise to immediate cause (a), stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE ATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION prior 19n. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? ental Hygiene KION YES T NO I 71n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 218 PLACE OF INJURY 211. LOCATION CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220 I certify that (1) this haspital) attended the deceased from he decreased alive an and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22h SIGNATURE DEGREE 22c. DATE SIGNED \* ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN MPORTANT: PHYSICIAN 276 PHTS ICIAN'S MAME (TYPE OF PRINT 22e ADDRESS ld b 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE 1-5-82 Buria] Christ Ch. Cem. Wayside

ADDRESS

La Plata, Maryland

Home

DHMH-16 30M 2/80 (VRA 15, 4) 24 FUNERAL DIRECTOR

Arehart Funeral

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1/	1-	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 3 2 3 1 4  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.								
		CEASED NAME E OR PRINT)	FIRST	٨	MIDDLE		oung	2a. DATE OF	KNOWN X ESTI- MATED		27 19 8 1	26 HOUR
(M)		ale Bla	ck	DATE OF BIRTH		EARS IF UN	DER 1 YR. IF UNDER	MIN PRONOUL DEAL	NCED	12 2	27 <sub>19</sub> 8	2d. HOUR
OD TO DELAY IS NECESS. OUT THE FUNERAL AIN PAGE 5 FOR MITHIUD BE FILED, WITHIUD BE F	Wa	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Washington, D. C 10. CITY OR TOWN OF DEATH La Plata		WIDOW				unty,				
SEGENT OF				11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION [IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Physicians Memorial Hospital  OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  PHYSICIANS  120 USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING UPE)  FOR MOST OF WORKING UPE)  Auto Mechani					OR INDUSTRY			
D. 21201 IF ANY DELA 2, AND 3TO1 3, RETAIN PA 3HOULD BE 1, RECORDS.	Maryland Char			TY IBC. CITY OR TOWN			134. INSIDE (ITY LIMITS?   13e. STREET ADDRESS Rt. 1-Box Waldorf, Md. 200				x 150 601	
DEATH. GES 1, 2 AND 2 OF VITA		THER'S NAME FIRST  Soseph P.					Mary O		LAST			
BALTIM S AFTER GIVE PA ITH FOR PAGES I	160. V	VAS DECEASED EVER ES, NO, OR UNKNOWN) COS	Post	AWW-12	166 SOCIAL SECURI 220-16-7		Mary H.		WE WE		4th Patton,	
L RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120:  ULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY "PENDING" IN PENCIL IN ITEM 1B, GIVE PAGES 1, 2, AND IF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETA BATA BURRAL-TRANSIT PERMIT, PAGES 1, AND 2 SHOUL HEATH AND MENTAL HYGIENE, DIVISION OFWHALRECO IL, CREMATION, OR REMOVAL.	CERTIFICATION	18. CAUSE OF DEATH W.  AUGUST Conditions, if a gave rise ta cause (a) stating lying cause last.	AS CAUSED IMMEDIATE iny, which immediate	CAUSE (a) Ar  DUE TO, OR A  (b)		OF	cardiovas	cular dîs	ease		BETWEEN ONSET	AND DEATH
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DIVIS THIS CER WARDED PAGE 3 S TATE DEF	MED	21d INJURY OCCURR WHILE NOT I AT WORK AT W	WHILE ORK	STREET, FACTOR	RY, FARM, ETC.)		REET	CITY OR TO		COUNTY		STATE
DIVISION OF VITAL I  TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE. WRITING THE WORD"? PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USER AFTER DEATH, WITH THE STATE DEPARTMENT OF H BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL.		270   Certify that I took charge of the sangins described above, held an Autopsy Inspection, Inquiry, and in my apinion death resulted from: Noural causes, Accident, Suicide, Hamicide, Undetermined manner,  ACTUAL SIGNATURE										
O MEDIO XECUTE XECUTE O FUNE FITER DE ALTIMO		EXAMINER'S NAME (TYPE OR PRINT)		as D. Smit			NDRESS	Penn St.		o., M	D.	
BP	(	URIAL, CREMATION, RI Burial UNERAL DIRECTOR		12/30/81	St. Mar		. Cem.	23d LOCATION Bryant	own (	county	Md.	ATE
DHMH - 17 (VR A15 ME (5))	-	INERAL DIRECTOR NAME  Artell A	dams	Aquasco	,Md. 206	08	"JAN	REC'ID BY REGISTRA	NE SECTION	Of and	34000	

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Jan Wang

Burdel 12/30/12 St. Re. Co. Com. - Calvor Shared.

National Adams Agusto, Md. 2059